2005 FOR PROFIT CORPORATION REINSTATEMENT

DAVID R. HIRSCHAUER, D.O., P.A. OS DEC - P.M. : 10	DOCUMENT # V43972			•	
4913 CHEVAL BLVD LUTZ, FL 33549 US 2. Principal Place of Business Suite April *, 1905. LUTZ, FL 33549 US LUTZ, FL 33549 US LUTZ, FL 33549 US Suite April *, 1905. Suite April *, 1905. LUTZ, FL 33549 US Suite April *, 1905. Suite April *, 1905. LUTZ, FL 33549 US Suite April *, 1905. Su	1. Entity Name DAVID R. HIRSCHAUER, D.O., P.A.			05 DEC -	1 PH 4: 10
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Suite. Appl. F, etc. PUNT US FLUM, 19 S. Notice of Status Desired (Processing Section of Section Section Section Section of Section Sectio	4813 CHEVAL BLVD	4813 CHEVAL BLVD		Column 10 February	0.5
The above named entity submits projected applications for the purpose of changing its registered office or registered application of registered applications of registered applications. In the State of Florida. In an application of registered applications of registered applications of registered applications.	Principal Place of Business 3.	. Mailing Address			
The Additional File Is \$19.00 After January 1, 2006, rew with the stronger and the displacement for the purpose of changing its registered Agent superior registered agent. File Now!!! File Is \$19.00 After January 1, 2006, rew with the \$30.000 OPFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES ADDITIONS/CHANG	14311 US 4, was 19 5, 1	4311 US HIM	un 195	1	
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HIRSCHAUER, DAVID R. 4813 CHEVAL BLVD. LUTZ, FL 33549 CITY HULS N. FL Zing Code CITY HULS N. FL Zing		-34667 C		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Sireat Address (P.O. Box Number)s Not Acceptable) City	6. Name and Address of Current Reg.	stered Agent			gistered Agent
City Huds FL Zin Code City Huds N FL Zin Code City Huds Huds N Florida N Florid	HIRSCHAUER, DAVID R.		, , , , , , , , , , , , , , , , , , ,		
B. The above named entity submits philastytement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Common	LUTZ, FL 33549				
B. The above named entity submits principatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			City Hu	lsm	FL Zip Code
SIGNATURE Signature, hood or printing of registered agert and lite of applicable. INOTE: Registered Agent Bignature required when reheatating) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	The above named entity submits this statement for the the obligations of registered applications.	purpose of changing its regi			ida. I am familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III. ANAME III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III. ANAME III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III. ANAME III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III. ANAME III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III. ANAME III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III. ANAME III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III. ANAME III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III. ANAME III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III. ANAME III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III. ANAME III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1				,	uludar
After January 1, 2006, Fee will be \$300.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE Make Mak		e if applicable. (NOTE: Re-	gistered Agent signature requ	dred when reinstating)	DATE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	STREET ADDRESS CITY-ST-ZIP	l			
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: ///18/2/					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					